Day Which Activities Did Your Child Do? Total Minutes 2 Hours or more None 10 Minutes 30 Minutes 60 Minutes Walk Run Skip or

Jump Play at playground

Play sports

Play video games

Watch TV Ride bikes

| Day   |  | Which | <u>Activitie</u> | s Did Y    | our Ch     | ild Do?         | Total<br>Minutes |
|-------|--|-------|------------------|------------|------------|-----------------|------------------|
|       |  | None  | 10 Minutes       | 30 Minutes | 60 Minutes | 2 Hours or more |                  |
| Other |  |       |                  |            |            |                 |                  |
| Other |  |       |                  |            |            |                 |                  |
| Other |  |       |                  |            |            |                 |                  |
| Other |  |       |                  |            |            |                 |                  |
| Other |  |       |                  |            |            |                 |                  |
| Other |  |       |                  |            |            |                 |                  |
| Other |  |       |                  |            |            |                 |                  |

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